

**MEDICAL DIRECTION COMMITTEE**  
**1041 Technology Park Dr, Glen Allen, Virginia**  
**Conference Rooms A and B**  
**April 11, 2013**  
**10:30 AM**

Members Present:	Members Absent:	Staff:	Others:
Marilyn McLeod, M. D. - Chair Paul Philips, D.O. George Lindbeck, M.D. Asher Brand, M.D. Charles Lane, M.D. Theresa Guins, M.D. Nael Hasan, M.D. E. Reed Smith, M.D. Allen Yee, M.D. Christopher Turnbull, M.D. Scott Weir, M.D. Cheryl Lawson, M.D.	Forrest Calland, M.D. Stewart Martin, M.D. Chief Eddie Ferguson	Gary Brown Scott Winston Michael Berg Warren Short Greg Neiman Debbie Akers George Lindbeck, M.D. Tim Perkins	Chad Blosser Cathy Cockrell Linda Harris Heidi Hooker Holly Sturdivant Gary Critzer

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>1. Welcome</b>	The meeting was called to order by Dr. McLeod at 10:32 AM	
<b>2. Introductions</b>	Introductions were made.	<b>Meeting Sign-in Roster Attachment "E"</b>
<b>3. Approval of Minutes</b>	Approval of minutes from the October 11, 2012 meeting with one revision; date on minutes incorrect.	<b>Motion by Dr. Guins, seconded by Dr. Brand to approve. Passed.</b>
<b>4. Drug Enforcement Administration (DEA) &amp; Board of Pharmacy (BOP) Compliance Issues</b>	Michael Berg stated nothing new to report for compliance issues. Reviewed the legislative change effective on July 1, 2013 medications administered under there the direction of medical control and protocol will no longer require signature for the administration of those medications or invasive procedures. He will be attending the Board of Pharmacy meeting on June 18, 2013 so they can promote this information to the pharmacies throughout Virginia.	
<b>5. New Business</b>		
<b>A</b>   State EMS Plan	Committee reviewed and revised the sections of the plan they had been charged with. Requested to	<b>Motion by Dr Yee, 2<sup>nd</sup> by Dr. Lane to</b>

Topic/Subject		Discussion	Recommendations, Action/Follow-up; Responsible Person
		be added to sections they felt they needed to be involved in.	approve State EMS Plan with noted revisions. Motion passed.
<b>B</b>	HB1856 – BLS Template – George Lindbeck, MD	Dr. Lindbeck offered information from the meeting held by the Office of EMS with Delegate Orrock concerning HB1856. Additional information offered by Michael Berg and Warren Short who were in attendance. Discussion held. Dr. Lindbeck notified everyone that he had a hard drive crash and he is now rebuilding the work and will have it distributed upon completion.	<b>Dr. Lindbeck to distribute to the committee before the next meeting for review and comment.</b>
<b>C</b>	HB1856 – OMD Appeals Process – George Lindbeck, MD	Dr. Lindbeck offered information from the meeting held by the Office of EMS with Delegate Orrock. Dr. Lindbeck stated this is being reviewed by the State AG’s office and he will be providing information after he talks further with Carrie Mitchell. Discussion held. Sub-committee established to look at a proposal for an appeals process.	<b>Sub-committee established with Dr. Allen Yee, Dr. Neal Hasan, Dr. Asher Brand, Dr. George Lindbeck, and Dr. Marilyn McLeod.</b>
<b>D</b>	Epi Pens vs. multi-dose vial – Asher Brand, MD	Dr. Brand discussed the issues with the increasing cost of Epi-Pens and decreased in the half-life of the pens. Information offered from other MD’s about solutions utilized in their region. One consideration is prepackaging a multi-dose vial with a .3cc syringe for drawing and injection. Also, using a compounding company to produce the drug. No definite solution noted but alternatives offered.	
<b>E</b>	VHAC Discussion – Marilyn McLeod, MD	Dr. Marilyn McLeod requested more participation by the EMS community to become involved in the VHAC State Meetings. Next meeting is May 1, 2013. She stated she would like to work with this committee to start pushing to be a reporting agency with VHAC.	<b>Committee agrees to start working with VHAC on report data from prehospital arrests</b>
<b>F</b>	Vphib – Data Set – Allen Yee, MD	Dr. Yee mentioned the need to move to the new standards as of July 1, 2013 and having them implemented by January 1, 2014. He states concern about the EMD portion of this requirement and feels there are discrepancies and the information is not mapping. Question posed to Gary Brown about how to bridge these issues.	<b>Gary Brown to defer question to Paul Sharp for feedback and guidance.</b>
<b>6. Old Business</b>			
<b>A</b>	Refusal White Paper – Dr. McLeod	Dr. McLeod stated that at this point she doesn’t believe we will ever be able to move a White Paper forward due to the definition of patient.	<b>Dr. McLeod removing from further consideration at this time.</b>
<b>B</b>	Seatbelt Use White Paper – Dr. McLeod	Committee reviewed the white paper on seatbelt use. Minor corrections made.	<b>Motion by Allen Yee, MD and 2<sup>nd</sup> by Charles Lane, MD to approve with revisions. Motion carried. Attachment “A”</b>
<b>7. Research Notes</b>			
		No Items presented.	
<b>8. State OMD Issues – George Lindbeck, MD</b>			
<b>A</b>	Scope of Practice Grids	Committee reviewed Scope of Practice and Procedures schedules. Discussion and adjustment to grid per committee decision.	<b>Motion by _____ and 2<sup>nd</sup> by _____ to approve with revisions. Motion carried.</b>

Topic/Subject		Discussion	Recommendations, Action/Follow-up; Responsible Person
			Attachment "B"
<b>B</b>	Signatures on Drug Administration – New Regulations	Reported under Drug Enforcement Administration and Board of Pharmacy Compliance Issues	
<b>C</b>	New Regulations on examination waivers and recertifications	Dr. Lindbeck reviewed the passage of the house and senate bill allowing providers to recertify by completion of continuing education and the removal of the need for signature to waive testing by the OMD. Anticipated implementation date will be July 1, 2013.	
<b>D</b>	Congenital Adrenal Hyperplasia (CAH) protocol	Dr. Lindbeck offered a brief overview to the committee concerning this issue. Posed question to OMD's to inquire who had _____.	
<b>E</b>	BLS Patient Care Guidelines		
<b>Office of EMS Reports</b>			
<b>A</b>	BLS Training Specialist – Greg Neiman	a)	
<b>B</b>	Funding and Accreditation – Debbie Akers	Debbie Akers distributed EMS Training Funds Summary and Accredited Training Site Directory effective April 9, 2013. Ten of the ALS accredited training centers are now offering BLS accredited competency based training courses. The DED division has granted accreditation to one new BLS accredited training center and have 3 pending BLS applications being reviewed.	Attachment "C" and "D"
<b>D</b>	Division of Educational Development – Warren Short	Warren Short notified the committee that the Division of Educational Development is working toward the July 1, 2013, implementation of the certification test waiver.	
<b>PUBLIC COMMENT</b>		None	
<b>For The Good Of The Order</b>			
<b>Meeting Dates for 2013</b>		July 11, 2013, October 10, 2013	
<b>Adjournment</b>			

# Attachment A

**Medical Direction Committee  
WHITE PAPER**

**Seatbelt Use in Ambulances**

Saving lives is the goal of EMS – yet somehow it is this very industry that has been left out of the mainstream of the safety world. This is a system that has a large transportation element. And it is this transport component that carries some serious risks.

The numbers are concerning with an excess of 5,000 ambulance crashes per year, one medic killed per month, and a fatality as the result of an ambulance crash about every week, the injuries are in the thousands each year.(1) Between 1991- 2000, 302,969 Emergency Vehicles were involved in Motor Vehicle Crashes. 1565 involved fatalities. (2)

Most serious and fatal injuries occur in the rear compartment. Eighty two percent of fatally injured EMS personnel are rear unrestrained occupants.(1) A study by Johnson, Lindholm, and Dowd (2006) revealed two-thirds of the providers at two large EMS agencies did not wear their seatbelt when in the back of the ambulance.

We recommend that all personnel wear their seatbelt in the front and rear of the ambulance. We also recommend that agencies develop policies requiring compliance with seatbelt use. This would include, when safe for the patient, performing procedures and assessments at the scene prior to placing vehicle in movement. When possible medics should time actions requiring the medics to be unbelted to coincide with stops at red lights or stop signs. If not detrimental to patient care, the unit should pull over to a stop if extended times of being out of the seatbelt are required.

1 Becker, Zaloshnja, Levick, Li, and Miller. Acc Anal Prev 2003

2 Comparison of Crashes Involving Ambulances with those of similar sized vehicles. Adam Ray, Douglas Kupac, PEC DEC 2005; 9: 412-415

# Attachment B

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT	I	P
Specific tasks in this document shall refer to the Virginia Education Standards.							
<b>AIRWAY TECHNIQUES</b>							
Airway Adjuncts							
	Oropharyngeal Airway		●	●	●	●	●
	Nasopharyngeal Airway		●	●	●	●	●
Airway Maneuvers							
	Head tilt jaw thrust		●	●	●	●	●
	Jaw thrust		●	●	●	●	●
	Chin lift		●	●	●	●	●
	Cricoid Pressure		●	●	●	●	●
	Management of existing Tracheostomy			●	●	●	●
Alternate Airway Devices							
	Non Visualized Airway Devices	Supraglottic		●	●	●	●
Cricothyrotomy							
	Needle					□	●
	Surgical	Includes percutaneous techniques					●
Obstructed Airway Clearance							
	Manual		●	●	●	●	●
	Visualize Upper-airway				●	●	●
Intubation							
	Nasotracheal						●
	Orotracheal - Over age 12					●	●
	Pharmacological facilitation with paralytic	Adult Neuromuscular Blockade				□	●
	Confirmation procedures			●	●	●	●
	Pediatric Orotracheal						●
	Pediatric paralytics						●
	Pediatric sedation						●
							□
Oxygen Delivery Systems							
	Nasal Cannula		●	●	●	●	●
	Venturi Mask			●	●	●	●

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT	I	P
	Simple Face Mask		●	●	●	●	●
	Partial Rebreather Face Mask			●	●	●	●
	Non-rebreather Face Mask		●	●	●	●	●
	Face Tent			●	●	●	●
	Tracheal Cuff			●	●	●	●
	Oxygen Hood					●	●
	O2 Powered Flow restricted device			●	●	●	●
	Humidification			●	●	●	●
Suction							
	Manually Operated		●	●	●	●	●
	Mechanically Operated		●	●	●	●	●
	Pharyngeal		●	●	●	●	●
	Bronchial-Tracheal			●	●	●	●
	Oral Suctioning		●	●	●	●	●
	Naso-pharyngeal Suctioning			●	●	●	●
	Endotracheal Suctioning			●	●	●	●
	Meconium Aspiration Neonate with ET						●
Ventilation – assisted / mechanical							
	Mouth to Mask		●	●	●	●	●
	Mouth to Mask with O2		●	●	●	●	●
	Bag-Valve-Mask Adult		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 Adult		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 and reservoir Adult		●	●	●	●	●
	Bag-Valve-Mask Pediatric		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 Pediatric		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 and reservoir Pediatric		●	●	●	●	●
	Bag-Valve-Mask neonate/infant		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 Neonate/Infant		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 and reservoir Neonate/Infant		●	●	●	●	●
	Noninvasive positive pressure vent.	CPAP, fixed pressure		●	●	●	●

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT	I	P
		CPAP, BiPAP, PEEP adjustable		<input type="checkbox"/>	<input type="checkbox"/>	●	●
	Jet insufflation					<input type="checkbox"/>	●
	Mechanical Ventilator (Manual/Automated Transport Ventilator)	Maintain long term/established			●	●	●
		Initiate/Manage ventilator			<input type="checkbox"/>	●	●
<b>Anesthesia ( Local)</b>							
<b>Pain Control &amp; Sedation</b>							
	Self Administered inhaled analgesics			●	●	●	●
	Pharmacological (non-inhaled)				●	●	●
	Patient controlled analgesia (PCA)	Maintain established			●	●	●
	Epidural catheters (maintain)	Maintain established		<input type="checkbox"/>	<input type="checkbox"/>	●	●
<b>Blood and Component Therapy Administration</b>							
		Maintain				●	●
		Initiate				<input type="checkbox"/>	●
<b>Diagnostic Procedures</b>							
	Blood chemistry analysis			●	●	●	●
	Capnography			●	●	●	●
	Pulmonary function measurement				●	●	●
	Pulse Oximetry			●	●	●	●
	Ultrasonography						●
<b>Genital/Urinary</b>							
	Bladder catheterization						
	Foley catheter	Place bladder catheter					●
		Maintain bladder catheter		●	●	●	●
<b>Head and Neck</b>							
	ICP Monitor (maintain)						●
	Control of epistaxis		●	●	●	●	●
		Inserted epistaxis control devices	<input type="checkbox"/>	<input type="checkbox"/>	●	●	●
	Tooth replacement		●	●	●	●	●
<b>Hemodynamic Techniques</b>							
	Arterial catheter maintenance					<input type="checkbox"/>	●

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT	I	P
	Central venous maintenance				●	●	●
	Access indwelling port					●	●
	Intraosseous access & infusion				●	●	●
	Peripheral venous access and maintenance				●	●	●
	Umbilical Catheter Insertion/Management						●
	Monitoring Existing IVs			●	●	●	●
	Mechanical IV Pumps			□	●	●	●
<b>Hemodynamic Monitoring</b>							
	ECG acquisition		●	●	●	●	●
	ECG Interpretation					●	●
	Invasive Hemodynamic Monitoring						●
<b>Obstetrics</b>							
	Delivery of newborn		●	●	●	●	●
<b>Other Techniques</b>							
	Vital Signs		●	●	●	●	●
	Bleeding control		●	●	●	●	●
		Tourniquets	●	●	●	●	●
	Foreign body removal	Superficial without local anesthesia		●	●	●	●
		Imbedded with local anesthesia/exploration				●	●
	Incision/Drainage						●
	Intravenous therapy				●	●	●
	Medication administration			●	●	●	●
	Nasogastric tube			●	●	●	●
	Orogastric tube			●	●	●	●
	Pericardiocentesis						●
	Pleural decompression					●	●
	Patient restraint physical			●	●	●	●
	Patient restraint chemical					●	●
	Sexual assault victim management			●	●	●	●
	Trephination of nails						●
	Wound closure techniques					●	●
	Wound management		●	●	●	●	●

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT	I	P
	Pressure Bag for High altitude						●
	Treat and Release			●	●	●	●
	Vagal Maneuvers/Carotid Massage			□	□	●	●
	Intranasal medication administration	Fixed/unit dose medications		●	●	●	●
		Dose calculation/measurement		□	●	●	●
				□	□	□	□
<b>Resuscitation</b>							
	Cardiopulmonary resuscitation (CPR) (all ages)		●	●	●	●	●
	Cardiac pacing					●	●
	Defibrillation/Cardioversion	AED	●	●	●	●	●
	Post resuscitative care			●	●	●	●
<b>Skeletal Procedures</b>							
	Care of the amputated part		●	●	●	●	●
	Fracture/Dislocation immobilization techniques		●	●	●	●	●
	Fracture/Dislocation reduction techniques	Manipulation of angulated/pulseless extremities		●	●	●	●
		Joint reduction techniques		●	●	●	●
	Spine immobilization techniques		●	●	●	●	●
<b>Thoracic</b>							
	Thoracostomy (refer to "Other Techniques")						●
<b>Body Substance Isolation / PPE</b>			●	●	●	●	●
<b>Lifting and moving techniques</b>			●	●	●	●	●
<b>Gastro-Intestinal Techniques</b>							
	Management of non-displaced gastrostomy tube						●
<b>Ophthalmological</b>							
	Morgan Lenses			●	●	●	●
	Corneal Exam with fluorescein					●	●
	Ocular irrigation		●	●	●	●	●

CATEGORY		EMR	EMT	AEMT	I	P
<b>Analgesics</b>						
	Acetaminophen		●	●	●	●
	Nonsteroidal anti-inflammatory		●	●	●	●
	Opiates and related narcotics			●	●	●
	Dissociative analgesics			□	□	□
	Ketamine 0.5 mg/kg or less IV/IN			□	●	●
<b>Anesthetics</b>						
	Otic			●	●	●
	General - initiate					●
	Ketamine greater than 0.5 mg/kg					●
	General - maintenance				●	●
	Ocular			●	●	●
	Inhaled-self administered		●	●	●	●
	Local			●	●	●
<b>Anticonvulsants</b>				●	●	●
<b>Glucose Altering Agents</b>						
	Glucose Elevating Agents		●	●	●	●
	Glucose Lowering Agents				●	●
<b>Antidotes</b>						
	Anticholinergic Antagonists				●	●
	Anticholinesterase Antagonists	●	●	●	●	●
	Benzodiazepine Antagonists					
	Narcotic Antagonists		●	●	●	●
	Nondepolarizing Muscle Relaxant Antagonist					
	Beta/Calcium Channel Blocker Antidote				●	●
	Tricyclic Antidepressant Overdose				●	●

CATEGORY		EMR	EMT	AEMT	I	P
	Cyanide Antidote				●	●
	Cholinesterase Reactivator	●	●	●	●	●
<b>Antihistamines &amp; Combinations</b>			●	●	●	●
<b>Biologicals</b>						
	Immune Serums				●	●
	Antibiotics		●	●	●	●
<b>Blood/Blood products</b>						
	Initiate					●
	Maintain				●	●
<b>Blood Modifiers</b>						
	Anticoagulants				●	●
	Antiplatelet Agents		●	●	●	●
	Hemostatic Agents		●	●	●	●
	Thrombolytics					●
						□
	Anti-fibrinolytics (eg tranexamic acid)				●	●
<b>Cardiovascular Agents</b>						
	Alpha Adrenergic Blockers				●	●
	Adrenergic Stimulants				●	●
	Antiarrhythmics				●	●
	Beta Adrenergic Blockers				●	●
	Calcium Channel Blockers				●	●

CATEGORY		EMR	EMT	AEMT	I	P
	Diuretics				●	●
	Inotropic Agents				●	●
	Vasodilatory Agents		●	●	●	●
	Vasopressors				●	●
<b>Central Nervous System</b>	Antipsychotic				●	●
<b>Dietary Supplements/Electrolytes</b>	Vitamins					
	Minerals - start at a health care facility			See section: Intravenous Fluids		
	Salts - start at a health care facility					
	Electrolytes Solutions - start at a health care facility					
	Hypertonic Saline				●	●
<b>Gas</b>	Oxygen	●	●	●	●	●
	Heliox				●	●
<b>Gastrointestinal</b>	Antacids					
	OTC			●	●	●
	Antidiarrheals		●	●	●	●
	Antiemetics		●	●	●	●
	EMT SL/PO route only					
	H2 Blockers		●	●	●	●
<b>Hormones</b>	Steroids			●	●	●

CATEGORY		EMR	EMT	AEMT	I	P	
<b>Intravenous Fluids</b>	isotonic			●	●	●	
	hypotonic			●	●	●	
	hypertonic				●	●	
	M = Maintenance I = Initiate						
	Crystalloid, +/- Dextrose/Lactate		M	I/M	I/M	I/M	
	with Multi=vitamins		M	M	M	M	
	with Thiamine		M	M	M	M	
<b>Neuromuscular Blockers</b>						●	
<b>Respiratory</b>	Anticholinergics		●	●	●	●	
	Sympathomimetics						
	Beta agonists		●	●	●	●	
	Epinephrine		□	□	●	●	
<b>Dosage and Concentration Calculation</b>				●	●	●	
M = Maintenance							
I = Initiate							
Note: EMT's may administer medications within their scope of practice in addition to assistance in administration of those medications. EMT's may access a drug kit to access those medications. MDC discussions.							

# Attachment C

# Emergency Medical Services Training Funds Summary

As of April 9, 2013





**EMS Training Funds Summary of Expenditures**

<b>Fiscal Year 2011</b>	<b>Obligated \$</b>	<b>Disbursed \$</b>
40 BLS Initial Course Funding	\$787,116.00	\$480,515.69
43 BLS CE Course Funding	\$84,000.00	\$39,042.50
44 ALS CE Course Funding	\$235,200.00	\$103,687.50
45 BLS Auxiliary Program	\$98,000.00	\$12,920.00
46 ALS Auxiliary Program	\$391,680.00	\$128,200.00
49 ALS Initial Course Funding	\$1,057,536.00	\$538,731.77
<b>Total</b>	<b>\$2,653,532.00</b>	<b>\$1,303,097.46</b>

<b>Fiscal Year 2012</b>	<b>Obligated \$</b>	<b>Disbursed \$</b>
40 BLS Initial Course Funding	\$784,836.00	\$379,505.68
43 BLS CE Course Funding	\$122,640.00	\$43,898.75
44 ALS CE Course Funding	\$273,840.00	\$85,776.25
45 BLS Auxiliary Program	\$94,000.00	\$15,200.00
46 ALS Auxiliary Program	\$332,000.00	\$180,710.00
49 ALS Initial Course Funding	\$1,342,350.00	\$620,148.28
<b>Total</b>	<b>\$2,949,666.00</b>	<b>\$1,325,238.96</b>

<b>Fiscal Year 2013</b>	<b>Obligated \$</b>	<b>Disbursed \$</b>
19 Emergency Ops	\$1,320.00	\$275.00
40 BLS Initial Course Funding	\$658,128.00	\$190,916.96
43 BLS CE Course Funding	\$112,560.00	\$26,967.46
44 ALS CE Course Funding	\$272,160.00	\$52,727.50
45 BLS Auxiliary Program	\$68,000.00	\$5,800.00
46 ALS Auxiliary Program	\$324,000.00	\$96,640.00
49 ALS Initial Course Funding	\$1,059,828.00	\$303,992.56
<b>Total</b>	<b>\$2,495,996.00</b>	<b>\$680,325.98</b>

# Attachment D

# Accredited Training Site Directory

As of April 9, 2013



**Accredited Paramedic<sup>1</sup> Training Programs in the Commonwealth**

Site Name	Site Number	# of Alternate Sites	Accreditation Status	Expiration Date
Associates in Emergency Care	15319	4	National – Probation	CoAEMSP
Center for EMS Training	74015	1	CoAEMSP - LOR	
Central Virginia Community College	68006	--	National – Initial	CoAEMSP
Historic Triangle EMS Institute	83009	1	CoAEMSP – Initial	CoAEMSP
J. Sargeant Reynolds Community College	08709	5	National – Initial	CoAEMSP
Jefferson College of Health Sciences	77007	--	National – Continuing	CoAEMSP
Lord Fairfax Community College	06903	--	CoAEMSP - LOR	
Loudoun County Fire & Rescue	10704	--	National – Continuing	CoAEMSP
National College of Business & Technology	77512	--	National – Initial	CoAEMSP
Northern Virginia Community College	05906	1	National – Continuing	CoAEMSP
Patrick Henry Community College	08908	1	State – Full	July 31, 2013
Piedmont Virginia Community College	54006	--	National – Continuing	CoAEMSP
Prince William County Dept of Fire and Rescue	15312	-	CoAEMSP - LOR	
Rappahannock EMS Council Program	63007	--	CoAEMSP - LOR	
Southwest Virginia Community College	11709	4	National – Continuing	CoAEMSP
Southside Virginia Community College	18507	1	National – initial	CoAEMSP
Tidewater Community College	81016	3	National – Continuing	CoAEMSP
VCU School of Medicine Paramedic Program	76011	4	National – Continuing	CoAEMSP

1. Programs accredited at the Paramedic level may also offer instruction at EMT- I, AEMT, EMT, and EMR, as well as teach continuing education and auxiliary courses.

- The Center for EMS site visit was conducted in December, 2012. Awaiting results from CAAHEP Board meeting.
- Lord Fairfax Community College, Rappahannock EMS Council and Prince William County have received their CoAEMSP Letter of Reviews and will have their accreditation visits scheduled within the next two years. One (1) state program is still in need of obtaining their CoAEMSP Letter of Review and can enroll no new students in programs to gain National Registry certification at this time: Patrick Henry Community College.
- Central Shenandoah EMS Council is in the process for accreditation at the paramedic level in Virginia which is described on the OEMS web page at: <http://www.vdh.virginia.gov/OEMS/Training/Paramedic.htm>

**Accredited Intermediate<sup>1</sup> Training Programs in the Commonwealth**

Site Name	Site Number	# of Alternate Sites	Accreditation Status	Expiration Date
Central Shenandoah EMS Council	79001	--	State – Full	May 31, 2015
Danville Area Training Center	69009	--	State – Full	October 31, 2013
Dabney S. Lancaster Community College	00502	--	State – Provisional	July 31, 2013
Hampton Fire & EMS	83002	--	State – Full	February 28, 2017
James City County Fire Rescue	83002	--	State – Full	February 28, 2014
John Tyler Community College	04115	--	State – Full	April 30, 2013
Nicholas Klimenko and Associates	83008	--	State – Full	July 31, 2015
Norfolk Fire Department	71008	--	State – Full	July 31, 2016
Roanoke Regional Fire-EMS Training Center	77505	--	State – Full	January 31, 2015
UVA Prehospital Program	54008	--	State – Full	July 31, 2014
WVEMS – New River Valley Training Center	75004	--	State – Full	June 30, 2017

1. Programs accredited at the Intermediate level may also offer instruction at AEMT, EMT, and EMR, as well as teach continuing education and auxiliary courses.

**Accredited EMT Training Programs in the Commonwealth**

Site Name	Site Number	# of Alternate Sites	Accreditation Status	Expiration Date
Navy Region Mid-Atlantic Fire EMS		--	State – Provisional	March 13, 2014

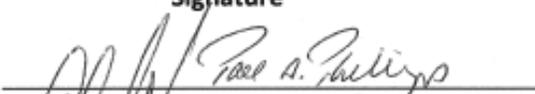
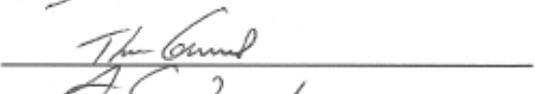
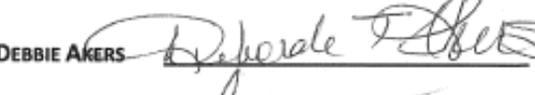
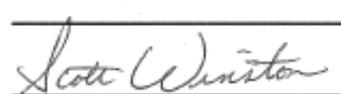
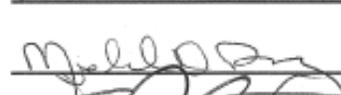
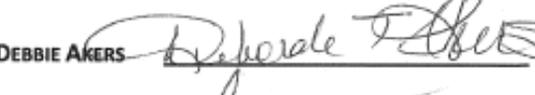
1. Programs accredited at the Intermediate level may also offer instruction at EMT - E, EMT - B, FR, as well as teach continuing education and auxiliary courses.

\* Self studies have been received from: City of Virginia Beach Department of EMS, Physicians Transport Service and Rowanty Technical Center. These are being assigned to site reviewers and will have a site visit scheduled in the near future.

# Attachment E

**MEDICAL DIRECTION COMMITTEE MEETING ROSTER**  
**April 11, 2013**

Please sign in next to your name.

Region	Representative	Signature
SWVEMS	PAUL PHILLIPS, D.O.	
WVEMS	CHARLES LANE, M.D.	
BREMS(CHAIR)	MARILYN MCLEOD, M. D.	
TJEMS (OEMS)	GEORGE LINDBECK, M. D.	
CSEMS	ASHER BRAND, M. D.	
LFEMS	CHRISTOPHER TURNBULL, M.D.	
REMS	NAEL HASAN, M. D.	
NVEMS	E. REED SMITH, M.D.	
ODEMSA	ALLEN YEE, M. D.	
PEMS	CHERYL LAWSON, M. D.	
TEMS	STEWART MARTIN, M. D.	
MAL	FORREST CALLAND, M.D.	
MAL	SCOTT WEIR, M.D.	
EMS CHILDREN	THERESA GUINS, M.D.	
VAGEMSA	CHIEF EDDIE FERGUSON	
<b>OEMS STAFF:</b>		
GARY BROWN		WARREN SHORT 
SCOTT WINSTON		DEBBIE AKERS 
MIKE BERG		GREG NEIMAN 
TIM PERKINS		

